PRINTED: 04/13/2011 FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING TNPL537178 04/04/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BUSINESS PARK CIRCLE **CLARE BRIDGE OF GOODLETTSVILLE** GOODLETTSVILLE, TN 37072 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG D 001 1200-08-25 Initial D 001 This Rule is not met as evidenced by: During the annual licensure survey completed on The following is a summary of the Plan of April 4, 2011, complaints #24456, #25325, Correction for Clare Bridge Goodlettsville, #25541, #25547, #25603, #25851, #26288, and This Plan of Correction is in regards to the #26642 were investigated. Deficiencies were State Licensure Survey and a complaint cited in relation to complaint #25325 and the investigation conducted on April 4th and 5th. licensure survey under 1200-8-25, Standards for 2011. This Plan of Correction is not to be Assisted Care Living Facilities. construed as an admission of or agreement with the findings and conclusions in the D 831 1200-08-25-.08 (9)(a) Admissions, Discharges, D 831 Statement of Deficiencies, or any related and Transfers sanctions or fine. Rather, it is submitted a confirmation of our ongoing efforts to (9) An ACLF utilizing secured units shall provide comply with statutory and regulatory survey staff with twelve (12) months of the requirements. In this document, we have following performance information specific to the outlined specific actions in response to secured unit and its residents at its annual identified issues. We have not provided a survey: detailed response to each allegation or finding, nor have we identified mitigating (a) Documentation that an interdisciplinary team factors. consisting of at least a physician, a social worker, a registered nurse, and a family member (or D831 patient care advocate) has evaluated each Starting, on April 4, 2011 and on going, all secured resident prior to admittance to the unit; new admission will have signed documentation that an interdisciplinary team has evaluated the residents prior to or at This Rule is not met as evidenced by: admission. The Executive Director and Based on medical record review and interview. Health and Wellness Director will monitor the facility failed to ensure the interdisciplinary documentation for regulatory compliance. team assessed residents prior to their admission to the facility for four residents (#7, #8, #9, #10) of thirteen residents reviewed. The findings included:

Division of Health Care Facilities

wanda Rolumbu LABORATORY DIRECTOR'S OR PROVIDEN SUPPLIER REPRESENTATIVE'S SIGNATURE

Medical record review revealed Resident #7 was admitted to the facility on December 9, 2010, with diagnoses to include Dementia. Continued

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STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION  (A) PURCHAFOR CORRECTION  (A) BUILDING  TNPL637178   STREET ADDRESS, CITY, STATE, ZIP CODE 301 BUSINESS PARK CIRCLE  (COD) ENTITY IN STOTE  SUMMARY STATEMENT OF DEFICIENCIES (COD) ENTITY IN STOTE  (A) DESTINATION WIST OF PRECEDED BY PULL  (EACH DEFICIENCY WAS 18 PRECEDED BY	DIVISION	or Health Care Paci	nues				<u> </u>	
TNPLS7178  TNPLS7178  STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BUSINESS PARK CIRCLE GOODLETTSVILLE, TN 37972  [KA) ID PREETY REQULATION? OR AS DIENTIFINING INFORMATION)  D 831  Continued From page 1  medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #8 was admitted to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #9 was admitted to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #9 was admitted to the facility to December 18, 2010, with diagnoses to include Dementia, Osteoarthrifis, and Hypertension. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident graph appropriateness for assisted care living facility.  Medical record review revealed Resident #9 was admitted to the facility to December 18, 2010, with diagnoses to include Dementia, Osteoarthrifis, and Hypertension. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to November 20, 2010, with diagnoses to include Dementia, Osteoarthrifis, and Diabetes Mellitus. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Interview on April 4, 2011 in the nurses's station with the Health and Welliness Director revealed resident and the admit and welliness Director revealed resident and the admit and the	TALL THE PROPERTY OF THE PROPE		A. BUILDING					
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PREFIX TAG  D 831  Continued From page 1  medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility on December 3, 2010, with diagnoses to include Dementiar Osteoarthritis Quistresson to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #8 was admitted to the facility to December 3, 2010, with diagnoses to include Dementia and Hypertension. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #9 was admitted to the facility on December 18, 2010, with diagnoses to include Dementiar Quistresson to interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #10 was admitted to the facility to determine the resident's appropriateness for assisted care living facility.  Interview on April 4, 2011 in the nurses's station with the Health and Wellness Director revealed residents #7, 8, 9, 40, had not had an experiment the resident's appropriateness for assisted care living facility.	CLARE E	RIDGE OF GOODLE	TTSVILLE	3001 BUS GOODLET	INESS PARI TSVILLE, TI	CORCLE N 37072		
medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #8 was admitted to the facility on December 3, 2010, with diagnoses to include Dementia and Hypertension. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #9 was admitted to the facility on December 18, 2010, with diagnoses to include Dementia, Osteoarthritis, and Hypertension. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #10 was admitted to the facility to determine the resident's appropriateness for assisted care living facility.  Medical record review revealed Resident #10 was admitted to the facility on November 20, 2010, with diagnoses to Include Dementia, Osteoarthritis, and Diabetes Mellitus. Continued medical record review revealed no interdisciplinary assessment of the resident prior to admission to the facility to determine the resident's appropriateness for assisted care living facility.  Interview on April 4, 2011 in the nurses's station with the Health and Wellness Director revealed residents #7, 8, 9, 10, had not had an	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
residents # 7, 8, 9, 10, had not had an interdisciplinary assessment prior to admission.		Continued From parential record revisite admission to the resident's appropriativing facility.  Medical record reviadmitted to the facility diagnoses to include Continued medical interdisciplinary as to admission to the resident's appropriate facility.  Medical record reviadmitted to the facility.  Medical record reviadmitted to the facility.  Medical record reviadmitted to the facility and medical record revinterdisciplinary as to admission to the resident's appropriacility.  Medical record reviadmitted for the facility.  Medical record reviadmitted for the facility.  Medical record reviadmitted for the facility.  Interview on April 4 with the Health and with the Health and with the Health and the resident's appropriacility.	age 1 lew revealed no sessment of the residences for assisted lity on December 3, de Dementia and Hyrecord review revealed Residences for assisted lity on December 18 actility to determine atteness for assisted lity on December 18 notude Dementia, Hypertension. Continew revealed no sessment of the residence for assisted lity on November 20 notude Dementia, Diabetes Mellitus. Officew revealed no sessment of the residence of the	dent prior the care living		DEFICIENCY)		
		residents # 7, 8, 9, interdisciplinary as	, 10, had not had <b>an</b> sessment prior to ac	imission.				

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STATEMEN	of Health Care Facing of Deficiencies of Correction	(X1) PROVIDER/SUPPLIE			PLE CONSTRUCTION	(X3) DATE ST COMPLE		
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MANE OF P	ROVIDER OR SUPPLIER	INFL937176	STREET ADD	RESS, CITY,	STATE, ZIP CODE			
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D1218	Continued From pa	age 2		D1218				
D1218	1200-08-2512 (3)	(i) Resident Records	,	D1218				
	employees develor record for each res services at the ACI services are rende	I. An ACLF shall ensite and maintain a med sident who requires habit regardless of whe ared by the ACLF or ban outside source, when:	dical lealth care ether such					
	(i) Time and circumstances of discharge or transfer, including condition at discharge or transfer, or death;				will audit all charts at disposition of resident documents, on the resi	the Health and Wellness Director/designee will audit all charts at discharge for disposition of resident's whereabouts, and documents, on the resident logs (nurse's notes) and will monitor for regulatory	4/4/11 ongoing	
	This Rule is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure adequate documentation of resident transfer and subsequent discharge for one (#12) of thirteen residents reviewed.				notes) and will monito compliance.	or for regulatory Relatives	126/11 - 126/11 -	
	The findings include	ded:						
	Medical record review revealed Resident #12 was admitted to the facility on July 1, 2009, with diagnoses to include Dementia, Diabetes Mellitus, Hypertension, and Seizures. Continued medical record review revealed a discharge date of October 12, 2009 on the envelope containing the resident's record.  Interview on April 4, 2011, at 4:45 p.m., in the nurses' station with the Health and Wellness Director revealed the resident's daughter came for a family meeting on October 12, 2009, and took the resident out. Continued interview revealed the facility was not aware the daughter had taken the resident to see the neurosurgeon who admitted the resident to the hospital. Further			- (0				
Division of I	Health Care Facilities			6899	4CRD11	If contin	uation sheet 3 of 4	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ER/CLIA IMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLE	(X3) DATE SURVEY COMPLETED	
		TNPL537178	_	1		04/0	4/2011	
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE			
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D1218	interview with the larevealed the reside facility and subseque During continued in Wellness Director documentation of	Health and Wellness ent was transferred to	o another and s no er to	D1218				
Division of	Health Care Facilities				(07044	if conti	nuation sheet 4 of 4	

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PRINTED: 04/07/2011 FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** 01 - MAIN BUILDING A. BUILDING B. WING. 04/05/2011 TNPL537178 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BUSINESS PARK CIRCLE **CLARE BRIDGE OF GOODLETTSVILLE** GOODLETTSVILLE, TN 37072 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ١Ď (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 916 D 916 1200-08-25-.09 (16) Building Standards (16)The licensed contractor shall ensure through the submission of plans and specifications that in each ACLF: (a) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms; D916 As of April 11, 2011 "A" hall, dietary and (b) A minimum of eighty (80) square feet of office area's grills were clean of all visual bedroom space must be provided each resident. dust. The Maintenance Director/designee No bedroom shall have more than two (2) beds. will continue to inspect community on Privacy screens or curtains must be provided and weekly bases to monitor Building standard used when requested by the resident; compliance. (c) Living room and dining areas capable of accommodating all residents shall be provided, with a minimum of fifteen (15) square feet per resident per dining area; and (d) Each toilet, lavatory, bath or shower shall serve no more than six (6) persons. Grab bars and non-slip surfaces shall be installed at tubs and showers. This Rule is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the heating, ventilation and the air-conditioning system as required. The finding include:

Division of Realth Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER-REPRESENTATIVE'S SIGNATURE

On 4/5/11, at 10:45 a.m., observation within the 'A' hall, dietary and the office areas revealed the

word folumbu TITLE Executive Director 4/31/

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Division of Health Care Facilities

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STATEMEN AND PLAN (	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		:R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A, BUILDING  D1 - MAIN BUILDING  B. WING		COMPLETED 04/05/2011	
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D 916	air return grilles we Department of Hea National Fire Protes 33.3.6.2.1  This finding was a Administrator and Director during the 1200-08-2510 (7)  (7) An ACLF shall combustible waste around the ACLF, appropriate contained the ACLF shall furnist UL approved trast  This Rule is not represent the factor of the findings included the factor of the findings included the trast UL approved. The 1200-08-2510 (7)  This finding was Administrator and Administrator and 13.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	ere dirty. Tennessee alth TDoH 1200-08-2 action Association (No cknowledged by the verified by the Mainter exit interview on 4/5 actions accumulate with inters with tight-fitting in resident sleeping uncontainer.  The sevidenced by actions during the suncility failed to provide oratory (UL) approvedent rooms as required.  The second accumulate with the suncility failed to provide oratory (UL) approvedent rooms as required.  The second accumulate with the second accumulate the second accumulate accumulate to a.m., observations accumulate accumul	enance 5/11.  other in and ilids. An nits with an evey, it was evey, i	D 916	D1034 Trash containers will be replapproved container by May 3 Maintenance Director and the Director /designee will continegularly for compliance three community.	aced to a (UL) 10th 2011. The 2 Executive 10ugh out the	5/19/11 ongoing persterry tty, asst. a 4/21/11-

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